
SUBSTITUTE SENATE BILL 6222

State of Washington

60th Legislature

2008 Regular Session

By Senate Health & Long-Term Care (originally sponsored by Senators Keiser, Kohl-Welles, and Franklin)

READ FIRST TIME 01/25/08.

1 AN ACT Relating to long-term care; amending RCW 74.41.040,
2 18.20.350, 74.41.050, and 74.38.040; adding a new section to chapter
3 43.70 RCW; adding a new section to chapter 74.39A RCW; adding a new
4 section to chapter 74.09 RCW; and creating new sections.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** The legislature finds that Washingtonians
7 sixty-five years of age and older will nearly double in the next twenty
8 years, from eleven percent of our population today to almost twenty
9 percent of our population in 2025. Younger people with disabilities
10 will also require supportive long-term care services. Nationally,
11 young people with a disability account for thirty seven percent of the
12 total number of people who need long-term care.

13 The legislature further finds that to address this increasing need,
14 the long-term care system should support autonomy and self-
15 determination, and support the role of informal caregivers and
16 families. It should promote personal planning and savings combined
17 with public support, when needed. It should also include culturally
18 appropriate, high quality information, services, and supports delivered
19 in a cost-effective and efficient manner.

1 The legislature further finds that the long-term care system should
2 utilize evidence-based practices for the prevention and management of
3 chronic disease to improve the general health of Washingtonians over
4 their lifetime and reduce health care and long-term care costs related
5 to ineffective chronic care management.

6 **Sec. 2.** RCW 74.41.040 and 1987 c 409 s 3 are each amended to read
7 as follows:

8 The department shall administer this chapter and shall establish
9 such rules and standards as the department deems necessary in carrying
10 out this chapter. The department shall not require the development of
11 (~~plans of care or~~) discharge plans by nursing homes, boarding homes,
12 or adult family homes providing respite care service under this
13 chapter.

14 The department shall develop standards for the respite program in
15 conjunction with the selected area agencies on aging. The program
16 standards shall serve as the basis for soliciting bids, entering into
17 subcontracts, and developing sliding fee scales to be used in
18 determining the ability of eligible participants to participate in
19 paying for respite care.

20 **Sec. 3.** RCW 18.20.350 and 2004 c 142 s 7 are each amended to read
21 as follows:

22 (1) The boarding home licensee shall conduct a preadmission
23 assessment for each resident applicant. The preadmission assessment
24 shall include the following information, unless unavailable despite the
25 best efforts of the licensee:

- 26 (a) Medical history;
- 27 (b) Necessary and contraindicated medications;
- 28 (c) A licensed medical or health professional's diagnosis, unless
29 the individual objects for religious reasons;
- 30 (d) Significant known behaviors or symptoms that may cause concern
31 or require special care;
- 32 (e) Mental illness diagnosis, except where protected by
33 confidentiality laws;
- 34 (f) Level of personal care needs;
- 35 (g) Activities and service preferences; and

1 (h) Preferences regarding other issues important to the resident
2 applicant, such as food and daily routine.

3 (2) The boarding home licensee shall complete the preadmission
4 assessment before admission unless there is an emergency. If there is
5 an emergency admission, the preadmission assessment shall be completed
6 within five days of the date of admission. For purposes of this
7 section, "emergency" includes, but is not limited to: Evening,
8 weekend, or Friday afternoon admissions if the resident applicant would
9 otherwise need to remain in an unsafe setting or be without adequate
10 and safe housing.

11 (3) The boarding home licensee shall complete an initial resident
12 service plan upon move-in to identify the resident's immediate needs
13 and to provide direction to staff and caregivers relating to the
14 resident's immediate needs. The initial resident service plan shall
15 include as much information as can be obtained, under subsection (1) of
16 this section.

17 (4) When a facility provides respite care, before or at the time of
18 admission, the facility must obtain sufficient information to meet the
19 individual's anticipated needs. At a minimum, such information must
20 include:

21 (a) The name, address, and telephone number of the individual's
22 attending physician, and alternate physician if any;

23 (b) Medical and social history, which may be obtained from a
24 respite care assessment and service plan performed by a case manager
25 designated by an area agency on aging under contract with the
26 department, and mental and physical assessment data: and,

27 (c) Physician's orders for diet, medication and routine care
28 consistent with the individual's status on admission.

29 (d) Ensure the individuals have assessments performed, where
30 needed, and where the assessment of the individual reveals symptoms of
31 tuberculosis, follow required tuberculosis testing requirements; and

32 (e) With the participation of the individual and, where
33 appropriate, their representative, develop a plan of care to maintain
34 or improve their health and functional status during their stay in the
35 facility.

36 **Sec. 4.** RCW 74.41.050 and 2000 c 207 s 4 are each amended to read
37 as follows:

1 The department shall develop an evidence-based tailored caregiver
2 assessment and referral tool and contract with area agencies on aging
3 or other appropriate agencies to conduct family caregiver long-term
4 care information and support services to the extent of available
5 funding. The responsibilities of the agencies shall include but not be
6 limited to: (1) Administering a program of family caregiver long-term
7 care information and support services; ~~((and))~~ (2) negotiating rates of
8 payment, administering sliding-fee scales to enable eligible
9 participants to participate in paying for respite care, and arranging
10 for respite care information, training, and other support services; (3)
11 providing the option of a one-time voucher benefit per caregiver
12 screened to meet the needs critical to health or safety of either the
13 adult care recipient or the caregiver. In evaluating the need for
14 respite services, consideration shall be given to the mental and
15 physical ability of the caregiver to perform necessary caregiver
16 functions.

17 **Sec. 5.** RCW 74.38.040 and 1983 c 290 s 14 are each amended to read
18 as follows:

19 The community based services for low-income eligible persons
20 provided by the department or the respective area agencies may include:

21 (1) Access services designed to provide identification of eligible
22 persons, assessment of individual needs, reference to the appropriate
23 service, and follow-up service where required. These services shall
24 include information and referral, outreach, transportation and
25 counseling. They shall also include long-term care planning and
26 options counseling, information and crisis intervention, and
27 streamlined assistance to access a wide array of public and private
28 community-based services. These access services shall be available to
29 eligible people of all ages who are in need of them, with the exception
30 of transportation. Services would be available to individuals,
31 concerned families or friends, or professionals working with issues
32 related to aging, disabilities, and caregivers;

33 (2) Day care offered on a regular, recurrent basis. General
34 nursing, rehabilitation, personal care, nutritional services, social
35 casework, mental health as provided pursuant to chapter 71.24 RCW
36 and/or limited transportation services may be made available within
37 this program;

1 (3) In-home care for persons, including basic health care;
2 performance of various household tasks and other necessary chores, or,
3 a combination of these services;

4 (4) Counseling on death for the terminally ill and care and
5 attendance at the time of death; except, that this is not to include
6 reimbursement for the use of life-sustaining mechanisms;

7 (5) Health services which will identify health needs and which are
8 designed to avoid institutionalization; assist in securing admission to
9 medical institutions or other health related facilities when required;
10 and, assist in obtaining health services from public or private
11 agencies or providers of health services. These services shall include
12 health screening and evaluation, in-home services, health education,
13 and such health appliances which will further the independence and
14 well-being of the person;

15 (6) The provision of low cost, nutritionally sound meals in central
16 locations or in the person's home in the instance of incapacity. Also,
17 supportive services may be provided in nutritional education, shopping
18 assistance, diet counseling and other services to sustain the
19 nutritional well-being of these persons;

20 (7) The provisions of services to maintain a person's home in a
21 state of adequate repair, insofar as is possible, for their safety and
22 comfort. These services shall be limited, but may include housing
23 counseling, minor repair and maintenance, and moving assistance when
24 such repair will not attain standards of health and safety, as
25 determined by the department;

26 (8) Civil legal services, as limited by RCW 2.50.100, for
27 counseling and representation in the areas of housing, consumer
28 protection, public entitlements, property, and related fields of law;

29 (9) Long-term care ombudsman programs for residents of all long-
30 term care facilities.

31 NEW SECTION. **Sec. 6.** A new section is added to chapter 43.70 RCW
32 to read as follows:

33 Within funds appropriated for this purpose, the department shall
34 develop a statewide fall prevention program. The program shall include
35 networking community services, identifying service gaps, making
36 affordable senior-based, evaluated exercise programs more available,

1 providing consumer education to older adults, their adult children, and
2 the community at large, and conducting professional education on fall
3 risk identification and reduction.

4 NEW SECTION. **Sec. 7.** A new section is added to chapter 74.39A RCW
5 to read as follows:

6 Within funds appropriated for this purpose, the department shall
7 provide additional support for residents in community settings who
8 exhibit challenging behaviors that put them at risk for institutional
9 placement. The residents must be receiving services under the
10 community options program entry system waiver under section 1905(c) of
11 the federal social security act and must have been evaluated under the
12 individual comprehensive assessment reporting and evaluation process.

13 NEW SECTION. **Sec. 8.** A new section is added to chapter 74.09 RCW
14 to read as follows:

15 Within funds appropriated for this purpose, the department shall
16 establish two dental access projects to serve seniors and other adults
17 who have problems accessing basic and specialty dental care because of
18 a physical or mental disability. The projects shall provide:

- 19 (1) Enhanced reimbursement rates for certified dentists for
20 specific procedures;
- 21 (2) Reimbursement for trained medical providers for preventive oral
22 health services;
- 23 (3) Training, development, and implementation through a partnership
24 with the University of Washington school of dentistry;
- 25 (4) Local program coordination including outreach and case
26 management; and
- 27 (5) An evaluation that measures the change in utilization rates and
28 cost savings.

29 NEW SECTION. **Sec. 9.** If specific funding for the purposes of this
30 act, referencing this act by bill or chapter number, is not provided by
31 June 30, 2008, in the omnibus appropriations act, this act is null and
32 void.

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